

## **Dental Treatment Facility Referred Civilian Dental Care**

Updated: 7 October 2002

This information is designed to assist the military Dental Treatment Facility (DTF) provider understand the process, goals and requirements of DTF referrals for civilian dental care supported by the Military Medical Support Office (MMSO). We are asking your cooperation in developing a working relationship with you, our civilian dentist counterparts, the active duty service member, and MMSO.

### **\*\*What is MMSO\*\***

MMSO is not an independent insurance program or organization. MMSO does not have a Department of Defense budget of its own. We receive funds from each branch of service through the Bureau of Medicine and Surgery (BUMED) (Navy), and Offices of the Surgeon General (OTSG) (Army and Air Force).

For many programs, MMSO acts as gatekeeper (determining the appropriateness and necessity of the proposed treatment), coordinating dental care, allocating and tracking funds to pay civilian providers, and providing customer service support to all parties for treatment of active duty service members. Money spent for civilian care is at the expense of the Service Chief's budgets and decreases funds available for active duty dental treatment facilities and patient care in these facilities. MMSO's money is your money.

### **\*\* DTF referred care and MMSO\*\***

The DTF referred care program is intended to augment rather than replace dental care provided directly by military dental clinics. It is to be used to provide timely access to dental care necessary to maintain dental readiness of the active duty service member. The DTF has gatekeeper responsibility under this program. MMSO tracks expenditures and provides claims processing for this program. Periodic summaries are provided to each service to account for the money that is spent on behalf of their service members.

### **\*\*The DTF Referral Process\*\***

The process is quite simple but does require a few specific steps for seamless processing of request and payment of the civilian dentist. In brief the process is:

**1. The DTF provider fills out a DD Form 2161** (Referral for Civilian Medical Care), a SF 513 (Consultation Sheet) or similar locally generated form clearly indicating:

Patient's name and SSN

Specific treatment information (we do not need tooth surfaces for restorations)

The DTF and name of the provider making the referral

(We do not need the name of the civilian provider. We appreciate an estimate of the cost of the procedure but an itemized statement from the civilian dentist is not required for simple treatment plans or the initial referral process for complex treatment.)

**2. Mail (or FAX) the referral to: MMSO, Attn: Pre-Authorizations, P.O. Box 886999, Great Lakes, IL 60088-6999; or FAX to: (847) 688-7394.**

MMSO Dental Division staff enters the DTF referral into the MMSO Claims Processing System (CPS II) database for the patient (by name and SSN) for the indicated treatment.

**3. Send the patient to the civilian dentist for treatment.** MMSO does not have a preferred provider network. You may refer to any licensed dentist. You may specify a particular dentist for reasons of quality assurance, cost savings to the government, etc., however, please use appropriate judgment to avoid appearance of any conflict of interest.

**4. The civilian provider completes the treatment** and submits a standard Dental Claim Form listing the tooth number, ADA procedure code number, and date of service. Each claim submitted for payment must include a MMSO Dental Information Sheet, signed by the service member or a representative of the referring DTF authorizing the dental care. Claims should be mailed to:

**MMSO, Attn: Dental Claims, P. O. Box 886999, Great Lakes, IL 60088-6999**

**5. The dentist is paid by U. S. Treasury check,** usually within 30 days.

**\*\*Understanding the MMSO Process\*\***

A brief review of our process will help you understand the importance of each step. MMSO has two processes involved with civilian dental care: pre-authorization and claims processing. For service members assigned to geographically separated units in the fifty United States, MMSO is the gatekeeper as well as the claims processor.

For DTF referred care, the DTF is the gatekeeper. The responsibility for determining the civilian dental care is both appropriate and needed (pre-authorization) falls to the DTF. Therefore, MMSO does not need radiographs, itemized treatment plans, etc, for review and “pre-authorization”. Nor is there a dollar threshold imposed by MMSO (see comments below under general guidelines for referral). However, once a treatment plan has been accepted by the referring DTF, MMSO does need a complete treatment plan itemizing individual procedures and costs (but no radiographs, etc.). If there is a discrepancy between the treatment identified in the final DTF referred treatment plan and the claim form submitted by the dentist, the claim will not be paid.

If the civilian dentist decides to do something other than what you have authorized in your referral, the civilian dentist needs to receive that approval from the referring DTF, not MMSO. A new DD Form 2161, SF 513, or similar locally generated form is all that MMSO needs to authorize the new procedure. We do not need justification, previous authorization number or anything else.

For example: The DTF refers the patient for an amalgam (or composite) restoration on a tooth but the civilian dentist decides a crown is required and goes ahead with the crown. The authorization entered into CPS II was for an amalgam (or composite) but the bill was for a crown. The claim will be rejected since it does not match the original authorization.

Another example: The DTF refers the service member for a treatment plan for a complex case. Initially the DTF referral should specify an evaluation and treatment plan only. When the DTF and civilian dentist decide on an acceptable treatment plan the DTF forwards another referral to MMSO with a copy of the accepted civilian treatment plan.

**\*\*Important points to remember\*\***

MMSO is only authorized to pay claims for service members on active duty. The service member must be on continuous active duty status for more than 30 days to be eligible for routine dental care under MMSO. MMSO has no authority to change, modify or ignore Title X law regarding eligibility for care. Drilling members of the Reserve components, National Guard, and ROTC students are not eligible for routine care under this program. MMSO does not have the authority to pay for dental services (emergency or routine care) once the service member separates from active duty even if that care was initiated prior to separation or retirement.

Therefore, if you are referring for dental care that requires an extended treatment time (prosthodontics, periodontics, orthodontics, implants, etc.) please make certain the treatment will be completed prior to the service member PCSing or separating from service. Remember, MMSO does not have the ability to verify the service member's long-term active duty intentions. The service member is responsible for paying for any care that is not completed while in a continuous active duty status of more than 30 days.

(MMSO does have the authority to pay claims for active duty, Reserve, National Guard, and other individuals that suffer Line of Duty injuries while on active duty but are then separated from active duty. However, these situations have specific guidelines and requirements for pre-authorization of follow up care involving the specific branch of service and MMSO, not a referring DTF.)

**\*\*What procedures can be referred?\*\***

To maintain a consistent dental benefit for procedures paid through MMSO, it is beneficial if the services requested are also routine covered benefits of the Tri-Service Remote Dental Program (RDP). For instance, cosmetic procedures (veneers, bleaching, all-porcelain inlays, onlays, and crowns), implants, and routine orthodontics are not covered under the RDP. Elective replacement of missing teeth (when the replacement procedure requires significant alteration of sound natural tooth structure with minimal long-term benefit) is also not covered under the RDP. However, you can refer any of these procedures if they are appropriate and needed to establish and maintain the dental readiness of the service member.

## **\*\*Pre-authorization\*\***

MMSO does not “pre-authorize” DTF referrals as the referring DTF is the gatekeeper and assumes responsibility for the appropriateness and necessity of the requested civilian dental treatment. However, if the treatment is extensive or unusual, the referral will likely be forwarded to the appropriate higher headquarters to ensure they are aware of the potential financial and treatment risk associated with the referral. Even though the referring DTF has gatekeeper responsibility, each branch of service has unique guidelines concerning what treatment they wish to review and give final authorization approval. All referrals for extensive civilian dental treatment (prosthodontics, orthodontics, orthognathic surgery, implants, etc.) will probably be referred to the appropriate Surgeon General’s office for final review. **If review is requested**, the DTF will be asked to provide the following information:

1. A referral document from the DTF.
2. A treatment plan from the dental provider indicating (as appropriate): tooth number, ADA procedure code and description of procedure, and itemized fee for each procedure.
3. Appropriate current diagnostic-quality radiographs. All requests for crowns should include both bitewing and periapical radiographs. All requests for bridges, partials and dentures should include current full mouth radiographs or panoramic x-ray documenting all missing and remaining teeth and appropriate diagnostic-quality periapical radiographs of the proposed abutment teeth identified in the treatment plan.
4. Any additional information (photographs, narrative justification, dates of previous placement of crowns, bridges, or other prosthesis if the request is for replacement of an existing prosthesis) that may be useful to justify the need for the requested treatment.

All of the information should be mailed (not faxed) in a single package to:

**The Military Medical Support Office  
Attention: Dental Pre-authorizations  
P.O. Box 886999  
Great Lakes, Illinois 60088-6999**

MMSO will forward the information to the appropriate higher headquarters and in turn send the reply back to the referring DTF. It is the responsibility of the DTF to forward this information to the civilian provider. Return correspondence will be sent to the referring DTF only, no information will be sent to the civilian provider’s office. Be certain to provide complete correct mailing information. Dental x-rays (and photographs) will be returned to the same address. Study models (if sent) will not be returned. Keep a copy of your request information.

## **\*\*Submitting Claims for Payment\*\***

Claims should be submitted within 90 days of date of service. Items required for processing a claim:

1. A completed standard American Dental Association (ADA) Dental Claim Form identifying (as appropriate) the tooth number, ADA procedure code and description of

procedure, date of service, and itemized cost of each procedure performed by the dental provider as well as appropriate basic provider information.

2. A completed MMSO Dental Information Sheet (available on the Web site) signed by the service member or a designated representative of the referring DTF.

Send this information to:

**The Military Medical Support Office  
Attention: Dental Claims  
P.O. Box 886999  
Great Lakes, Illinois 60088-6999**

Upon receipt of complete claim information, the MMSO will process the claim. If the service member has paid out-of-pocket expenses for dental care, a Claim for Reimbursement for Expenditures on Official Business (SF 1164) signed by the service member accompanied with appropriate proof of payment must be submitted with the forms described above.

The claim will be paid by U.S. Treasury check, usually within 30 days. An Explanation of Benefit (EOB) will be sent to both dental provider and service member at the addresses indicated on the dental claim form and MMSO Dental Information Sheet.

The service member is responsible for notifying his/her command of all dental care received. The service member is also responsible for ensuring that the claim has been submitted with the required information and that the claim has been paid. Failure to ensure the claim has been submitted promptly and appropriately may result in credit problems or even personal financial liability to the service member. If a claim is denied because MMSO does not yet have eligibility verification or other information required to process the claim, it does not mean these services will not be covered. However, until the required information is supplied, MMSO will not be able to process the claim. To check on the status of a submitted claim or if claim assistance is required contact the MMSO at: 1-888-647-6676 and follow the prompts for Customer Service.

For more information concerning the DTF referral process, call MMSO: 1-(888) 647-6676 and follow the prompts for Dental Pre-Authorizations or visit our website: <http://mmso.med.navy.mil/>. We hope this information will foster a good working relationship between you, our civilian dental counterparts, our active duty service members and MMSO.

Have a Great Armed Services Day!

Joel C. Knutson, Lt Col, USAF, DC